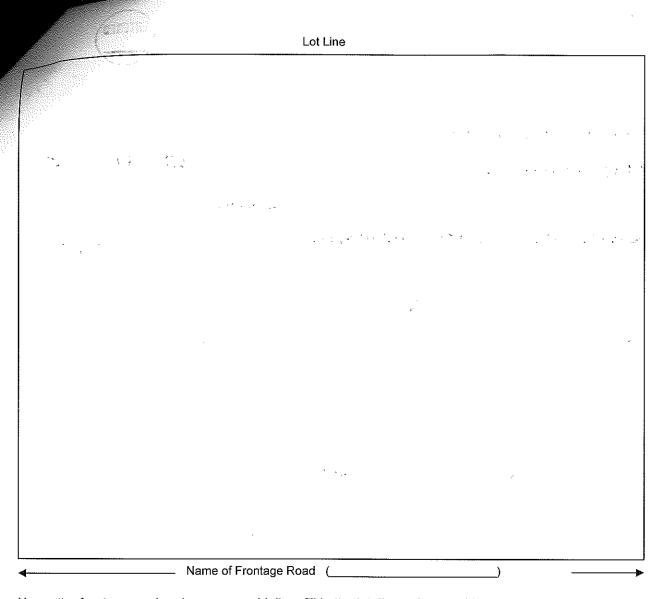
BAYFIELD COUNTY MAY 19 2015 SANITARY PERMIT APPLICATION



Zoning District _____

I. APPLICATION INFORMATION Co. Zoning Dept. (Please Print All Information)		Soil Test No:		Cou Per	inty mit No:	5-06	19	75
Property Owner's Name:	County: Bayfield							
Address of Property:	· ·							
	Property Location: 1/4 1/4, S 2,7 T 1 9 N, R 5 E (or) W							
가 생물학을 쓰여 나사이 도 Property Owner's Mailing Address:	Township:	74, 0	Gov. Lot #:					
Tropoley Chinara maning manager	Lot# Block#: Subdivision Name or CSM#:							
,	one Number	ı	Blo	ck #:	Subdivis	sion Nam	e or CSN	1#:
II. TYPE OF BUILDING: (Check One)	2 347 377	4 ,			134	200		
State Owned	Parcel ID							
Public (Explain the use/purpose	Tax Number(s):							
1 or 2 Family Dwelling - No. of Bedrooms								
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable) A) New Replacement County Private Interceptor								
A) New Replacement	County	Private interc	eptor					
Reconnection Repair	Revisio	n **	Transfer	of Owner (List Previo	us Own	er below))
A Sonitory Pormit was proviously issue	ed Previo us	e Parmit Num	her	 Dat	e Issued.			
B) A Sanitary Permit was previously issued. <i>Previous Permit Number</i> :Date Issued:								
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above								
C) Pit Privy Vault Privy (Vault size: 2.64 gallons orcubic yards)								
Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet								
		Activities of the second secon	Charles and the Company of Company of the Company o	Contract of the Contract of th	CONTRACTOR CONTRACTOR	secondorlaneos y caparation	STATE OF THE STATE	
V. ABSORPTION SYSTEM INFORMATION:	00 1 10	nadina Rata	5 Pe	rc Rate	6 System	m l	7 Final (Grade
V. ABSORPTION SYSTEM INFORMATION: 1. Gallons Per Day Required (Sq.Ft.) 2. Absorp. Area Proposed (Sq.Ft.)		oading Rate s. / Day / Sq.F		rc. Rate in. Inch)	6. System	m (Feet)	7. Final (Elev. (
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1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK Capacity 3. Absorp. Area Proposed (Sq.	. Ft.) (Gals	s. / Day / Sq.F	t.) (M	in. Inch)	Elev.((Feet)	Elev. (
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1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY

- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

<u>Submit To</u>: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891



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